

SENDER: COMPLETE THIS SECTION

COMPLETE THIS SECTION ON DELIVERY

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

A. Signature

Angela Thornell

<input checked="" type="checkbox"/> Agent
<input type="checkbox"/> Addressee

B. Received by (Printed Name)

Angela Thornell

C. Date of Delivery

11/8/06

y address different from item 1? YesIf YES, enter delivery address below: No

*06 CV 928 1820 0002 3461 2557
proc & cmp*

Type

<input checked="" type="checkbox"/> Certified Mail	<input type="checkbox"/> Express Mail
<input type="checkbox"/> Registered	<input checked="" type="checkbox"/> Return Receipt for Merchandise
<input type="checkbox"/> Insured Mail	<input type="checkbox"/> C.O.D.

4. Restricted Delivery? (Extra Fee)

 Yes

2. Article

(Transf

7005 1820 0002 3461 2656

PS Form 3811, February 2004

102595-02-M-1540

SENDER: COMPLETE THIS SECTION

COMPLETE THIS SECTION ON DELIVERY

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.

A. Signature

Angela Thornell

<input checked="" type="checkbox"/> Agent
<input type="checkbox"/> Addressee

B. Received by (Printed Name)

Angela Thornell

C. Date of Delivery

11/8/06

D. Is delivery address different from item 1? YesIf YES, enter delivery address below: No

*06 CV 928 1820 0002 3461 2557
proc & cmp*

3. Service Type

<input checked="" type="checkbox"/> Certified Mail	<input type="checkbox"/> Express Mail
<input type="checkbox"/> Registered	<input checked="" type="checkbox"/> Return Receipt for Merchandise
<input type="checkbox"/> Insured Mail	<input type="checkbox"/> C.O.D.

4. Restricted Delivery? (Extra Fee)

 Yes

2. Article

(Transf

7005 1820 0002 3461 2588

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

SENDER: COMPLETE THIS SECTION

COMPLETE THIS SECTION ON DELIVERY

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece.

A. Signature

Angela Thornell

<input checked="" type="checkbox"/> Agent
<input type="checkbox"/> Addressee

B. Received by (Printed Name)

Angela Thornell

C. Date of Delivery

11/8/06

Every address different from item 1? YesIf YES, enter delivery address below: No

*06 CV 928 1820 0002 3461 2557
proc & cmp*

3. Service Type

<input checked="" type="checkbox"/> Certified Mail	<input type="checkbox"/> Express Mail
<input type="checkbox"/> Registered	<input checked="" type="checkbox"/> Return Receipt for Merchandise
<input type="checkbox"/> Insured Mail	<input type="checkbox"/> C.O.D.

4. Restricted Delivery? (Extra Fee)

 Yes

2. Article Number

(Transfer from service

7005 1820 0002 3461 2557

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540